



HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code 1311 1311 NAIC Company Code 95844 Employer's ID Number 38-2242827  
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes (X) No ( )

Incorporated June 27, 1978 Commenced Business February 8, 1979

Statutory Home Office 2850 West Grand Boulevard, Detroit, Michigan 48202  
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 2850 West Grand Boulevard, Detroit, Michigan 48202 313-872-8100  
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard, Detroit, Michigan 48202  
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard, Detroit, Michigan 48202  
(Street and Number, City or Town, State and Zip Code)  
313-872-8100  
(Area Code) (Telephone Number)

Internet Website Address www.hap.org

Statement Contact Ronald W. Berry 313-664-8559  
(Name) (Area Code) (Telephone Number) (Extension)  
RBerry2@hapcorp.org 313-664-8433  
(E-Mail Address) (Fax Number)

Policyowners 2850 West Grand Boulevard, Detroit, Michigan 48202 313-872-8100  
Relations (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)  
Contact and Phone Number

OFFICERS

President Cleve L. Killingsworth, Jr.  
Secretary Maurice E. McMurray  
Treasurer #Ronald W. Berry

OTHER OFFICERS

#Chairperson: George W. Madison  
Asst. Secretary: Deborah T. Withrow

DIRECTORS OR TRUSTEES

N. Charles Anderson  
Sandra Baumchen  
Mary Beth Bolton, M. D.  
Herman W. Coleman  
Mary C. Dickson  
#Jethro Joseph  
Cleve L. Killingsworth, Jr.  
George W. Madison  
L. Susan Mannisto  
#William L. Pierce  
Carole C. Pritchard  
Carole Quigley, IHM  
Gail Warden

State of Michigan }  
County of Wayne } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Cleve L. Killingsworth, Jr. Maurice E. McMurray #Ronald W. Berry  
President Secretary Treasurer

Subscribed and sworn to before me this day of

NOTARY PUBLIC (Seal)

a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Group Subscribers						
Federal Employees Health Benefits .....	5,950,256					5,950,256
City of Detroit .....	2,144,335	1,643,186				3,787,521
0299997 - Subtotal - Group Subscribers .....	8,094,591	1,643,186				9,737,777
0299998 - Premiums due and unpaid not individually listed .....	9,667,715	(776,085)				8,891,630
0299999 - TOTAL - Group .....	17,762,306	867,101				18,629,407
0599999 - Accident and Health Premiums due and unpaid (Page 2, Line 10) .....	17,762,306	867,101				18,629,407

**Page 19**

Exhibit 4, Health Care Receivables

**NONE**

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered .....	12,088	46,777	46,251	14,453	11,826	131,395
0399999 - Aggregate accounts not individually listed-covered .....	4,833,796	1,595,369	689,094	100,098	40,646	7,259,003
0499999 - Subtotals .....	4,845,884	1,642,146	735,345	114,551	52,472	7,390,398
0599999 - Unreported Claims and other claim reserves .....						51,732,783
0699999 - Total amounts withheld .....						26,935,748
0799999 - Total claims payable .....						86,058,929

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7  Current	8  Non-Current
Individually listed receivables							
Alliance Health and Life Insurance Co. ....	277,162					277,162	
Preferred Health Plan .....	2,684,657					2,684,657	
SelectCare HMO, Inc. ....	1,039,851					1,039,851	
0199999 - Subtotal - Individually listed receivables .....	4,001,670					4,001,670	
0399999 - TOTAL gross amounts receivable .....	4,001,670					4,001,670	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Henry Ford Health System .....	Payroll, Reimbs. and Corp Allocation .....	1,428,307 .....	1,428,307 .....	
Preferred Health Plan .....	Health Choice Plan for HFHS Employees .....	1,802,013 .....	1,802,013 .....	
Alliance Health and Life Insurance Co.....	Management Fees and Reimbursements .....	159,345 .....	159,345 .....	
0199999 - Subtotal - Individually listed payables .....		3,389,665 .....	3,389,665 .....	
0399999 - TOTAL gross payables .....		3,389,665 .....	3,389,665 .....	

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1  Direct Medical Expense Payment	2  Column 1 as a % of Total	3  Total Members Covered	4  Column 3 as a % of Total	5  Column 1 Expenses Paid to Affiliated Providers	6  Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	819,573,881	71.207	4,680,575	78.939	683,728,358	135,845,523
2. Intermediaries .....						
3. All other providers .....	1,727,181	0.150	1,248,795	21.061	236,255	1,490,926
4. Total capitation payments .....	821,301,062	71.357	5,929,370	100.000	683,964,613	137,336,449
Other Payments:						
5. Fee-for-service .....			X X X	X X X		
6. Contractual fee payments .....	119,605,937	10.392	X X X	X X X	101,114,502	18,491,435
7. Bonus/withhold arrangements - fee-for-service .....	92,254,633	8.015	X X X	X X X	27,600,593	64,654,040
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....	117,819,783	10.236	X X X	X X X	99,604,493	18,215,290
12. Total other payments .....	329,680,353	28.643	X X X	X X X	228,319,588	101,360,765
13. Total (Line 4 plus Line 12) .....	1,150,981,415	100%	X X X	X X X	912,284,201	238,697,214

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1  NAIC Code	2  Name of Intermediary	3  Capitation Paid	4  Average Monthly Capitation	5  Intermediary's Total Adjusted Capital	6  Intermediary's Authorized Control Level RBC
--------------------	-------------------------------	--------------------------	--	---	---

NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	8,653,942		5,098,814	3,555,128		3,555,128
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	8,653,942		5,098,814	3,555,128		3,555,128





ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 1311

NAIC Company Code: 95844

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2002

	1  Total	Comprehensive (Hospital and Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	462,085	5,889	411,151	16,170				28,731		144
2. First Quarter .....	501,757	6,025	457,693	18,075				19,880		84
3. Second Quarter .....	492,501	6,054	450,507	18,747				17,177		16
4. Third Quarter .....	486,186	6,264	444,232	18,973				16,717		
5. Current Year .....	485,154	6,160	443,492	19,225				16,277		
6. Current Year Member Months .....	5,929,370	73,926	5,417,670	223,618				213,685		471
Total Member Ambulatory Encounters for Year:										
7. Physician .....	1,822,873									1,822,873
8. Non-Physician .....	918,785									918,785
9. Total .....	2,741,658									2,741,658
10. Hospital Patient Days Incurred .....	174,475		106,663	35,875				31,937		
11. Number of Inpatient Admissions .....	40,405		28,110	6,523				5,772		
12. Premiums Collected .....	1,291,000,073	14,353,694	997,482,734	72,915,767			66,722,389	139,525,489		
13. Premiums Earned .....	1,290,985,128	14,120,801	991,868,655	72,915,767			68,056,666	144,023,239		
14. Amount Paid for Provision of Health Care Services .....	1,150,981,417	12,574,636	883,263,465	61,803,874			57,120,917	136,531,372	(312,847)	
15. Amount Incurred for Provision of Health Care Services .....	1,169,485,054	12,878,841	904,631,290	63,295,266			61,391,851	127,328,803	(40,997)	



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 1311

NAIC Company Code: 95844

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2002

	1  Total	Comprehensive (Hospital and Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year	462,085	5,889	411,151	16,170				28,731		144
2. First Quarter	501,757	6,025	457,693	18,075				19,880		84
3. Second Quarter	492,501	6,054	450,507	18,747				17,177		16
4. Third Quarter	486,186	6,264	444,232	18,973				16,717		
5. Current Year	485,154	6,160	443,492	19,225				16,277		
6. Current Year Member Months	5,929,370	73,926	5,417,670	223,618				213,685		471
Total Member Ambulatory Encounters for Year:										
7. Physician	1,822,873									1,822,873
8. Non-Physician	918,785									918,785
9. Total	2,741,658									2,741,658
10. Hospital Patient Days Incurred	174,475		106,663	35,875				31,937		
11. Number of Inpatient Admissions	40,405		28,110	6,523				5,772		
12. Premiums Collected	1,291,000,073	14,353,694	997,482,734	72,915,767			66,722,389	139,525,489		
13. Premiums Earned	1,290,985,128	14,120,801	991,868,655	72,915,767			68,056,666	144,023,239		
14. Amount Paid for Provision of Health Care Services	1,150,981,417	12,574,636	883,263,465	61,803,874			57,120,917	136,531,372	(312,847)	
15. Amount Incurred for Provision of Health Care Services	1,169,485,054	12,878,841	904,631,290	63,295,266			61,391,851	127,328,803	(40,997)	

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	5,340,864
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	(482,949)
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	1,147,885
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
8.	Book/adjusted carrying value at end of current period	6,005,800
9.	Total valuation allowance	
10.	Subtotal (Line 8 plus Line 9)	6,005,800
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	6,005,800

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points a	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Line 9 plus Line 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Line 9 plus Line 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1  1 Year or Less	2  Over 1 Year Through 5 Years	3  Over 5 Years Through 10 Years	4  Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7  Column 6 as a % of Line 10.7	8  Total from Column 6 Prior Year	9  % From Column 7 Prior Year	10  Total Publicly Traded	11  Total Privately Placed (a)
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Class 1	21,777,482	2,074,947	716,486	559,532	1,379,496	26,507,942	13.5	34,600,987	21.7	26,507,942	
1.2 Class 2								28,390			
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	21,777,482	2,074,947	716,486	559,532	1,379,496	26,507,942	13.5	34,629,377	21.7	26,507,942	
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Class 1					429,785	429,785	0.2	311,592	0.2	429,785	
2.2 Class 2		41,238	10,725	143,275	21,150	216,388	0.1	24,710		216,388	
2.3 Class 3		17,137	43,256		28,595	88,988		183,524	0.1	88,988	
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals		58,374	53,981	143,275	479,530	735,161	0.4	519,826	0.3	735,161	
3. States, Territories and Possessions etc. , Guaranteed, Schedules D and DA (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States , Territories and Possessions , Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc. , Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1  1 Year or Less	2  Over 1 Year Through 5 Years	3  Over 5 Years Through 10 Years	4  Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7  Column 6 as a % of Line 10.7	8  Total from Column 6 Prior Year	9  % From Column 7 Prior Year	10  Total Publicly Traded	11  Total Privately Placed (a)
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 Totals .....											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Class 1 .....	135,534,698	4,643,032	4,158,457	70,749	1,829,656	146,236,593	74.3	110,971,289	69.6	146,236,593	
7.2 Class 2 .....		75,790	2,357,665	280,893	912,388	3,626,736	1.8	5,558,618	3.5	3,626,736	
7.3 Class 3 .....	14,255,065		1,226,177	3,119,177	964,604	19,565,023	9.9	7,164,923	4.5	19,565,023	
7.4 Class 4 .....			104,338	26,125		130,463	0.1	637,075	0.4	130,463	
7.5 Class 5 .....								13,800			
7.6 Class 6 .....								5,750			
7.7 Totals .....	149,789,763	4,718,822	7,846,637	3,496,945	3,706,648	169,558,814	86.2	124,351,455	78.0	169,558,815	
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 Totals .....											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Class 1 .....											
9.2 Class 2 .....											
9.3 Class 3 .....											
9.4 Class 4 .....											
9.5 Class 5 .....											
9.6 Class 6 .....											
9.7 Totals .....											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation		1	2	3	4	5	6	7	8	9	10	11
		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10. 7	Total from Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year												
10.1	Class 1	157,312,180	6,717,979	4,874,943	630,281	3,638,937	173,174,320	88.0	X X X	X X X	173,174,320	
10.2	Class 2		117,027	2,368,390	424,168	933,538	3,843,124	2.0	X X X	X X X	3,843,124	
10.3	Class 3	14,255,065	17,137	1,269,434	3,119,177	993,199	19,654,011	10.0	X X X	X X X	19,654,011	
10.4	Class 4			104,338	26,125		130,463	0.1	X X X	X X X	130,463	
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	Totals	171,567,245	6,852,143	8,617,104	4,199,751	5,565,673	(b) 196,801,917	100.0	X X X	X X X	196,801,918	
10.8	Line 10.7 as a % of Column 6	87.2	3.5	4.4	2.1	2.8	100.0	X X X	X X X	X X X	100.0	
11. Total Bonds Prior Year												
11.1	Class 1	107,891,724	5,833,803	4,152,646	3,877,035	24,128,660	X X X	X X X	145,883,868	91.5	145,883,868	
11.2	Class 2		735,556	2,838,759	411,341	1,597,672	X X X	X X X	5,583,328	3.5	5,583,328	
11.3	Class 3			2,445,896	4,292,808	638,133	X X X	X X X	7,376,837	4.6	7,376,837	
11.4	Class 4			637,075			X X X	X X X	637,075	0.4	637,075	
11.5	Class 5		13,800				X X X	X X X	(c) 13,800		13,800	
11.6	Class 6			5,750			X X X	X X X	(c) 5,750		5,750	
11.7	Totals	107,891,724	6,583,159	10,080,126	8,581,184	26,364,465	X X X	X X X	(b) 159,500,658	100.0	159,500,658	
11.8	Line 11.7 as a % of Column 8	67.6	4.1	6.3	5.4	16.5	X X X	X X X	100.0	X X X	100.0	
12. Total Publicly Traded Bonds												
12.1	Class 1	157,312,180	6,717,979	4,874,943	630,281	3,638,937	173,174,320	88.0	145,883,868	91.5	173,174,320	X X X
12.2	Class 2		117,027	2,368,390	424,168	933,538	3,843,124	2.0	5,583,328	3.5	3,843,124	X X X
12.3	Class 3	14,255,065	17,137	1,269,434	3,119,177	993,199	19,654,011	10.0	7,376,837	4.6	19,654,011	X X X
12.4	Class 4			104,338	26,125		130,463	0.1	637,075	0.4	130,463	X X X
12.5	Class 5								13,800			X X X
12.6	Class 6								5,750			X X X
12.7	Totals	171,567,245	6,852,143	8,617,105	4,199,751	5,565,674	196,801,918	100.0	159,500,658	100.0	196,801,918	X X X
12.8	Line 12.7 as a % of Column 6	87.2	3.5	4.4	2.1	2.8	100.0	X X X	X X X	X X X	100.0	X X X
12.9	Line 12.7 as a % of Line 10.7, Column 6, Section 10	87.2	3.5	4.4	2.1	2.8	100.0	X X X	X X X	X X X	100.0	X X X
13. Total Privately Placed Bonds												
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6	Class 6										X X X	
13.7	Totals										X X X	
13.8	Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... current year, \$ ..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... current year, \$ ..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31 , At Statement Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments , Schedules D and DA (Group 1)											
1.1 Issuer Obligations .....	348,248	2,074,947	157,986	553,943	1,228,462	4,363,585	2.2	9,369,794	5.9	4,363,585	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities .....	21,429,234		558,500	5,589	151,034	22,144,357	11.3	25,259,583	15.8	22,144,357	
1.7 Totals .....	21,777,482	2,074,947	716,486	559,532	1,379,496	26,507,942	13.5	34,629,377	21.7	26,507,942	
2. All Other Governments , Schedules D and DA (Group 2)											
2.1 Issuer Obligations .....		58,374	53,981	143,275	479,530	735,161	0.4	519,826	0.3	735,161	
2.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined .....											
2.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined .....											
2.6 Other .....											
2.7 Totals .....		58,374	53,981	143,275	479,530	735,161	0.4	519,826	0.3	735,161	
3. States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 3)											
3.1 Issuer Obligations .....											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined .....											
3.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined .....											
3.6 Other .....											
3.7 Totals .....											
4. Political Subdivisions of States , Territories and Possessions , Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations .....											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined .....											
4.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined .....											
4.6 Other .....											
4.7 Totals .....											
5. Special Revenue and Special Assessment Obligations etc. , Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations .....											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined .....											
5.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined .....											
5.6 Other .....											
5.7 Totals .....											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10. 7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Issuer Obligations	149,789,763	203,451	5,690,717	377,768	2,826,230	158,887,929	80.7	117,078,851	73.4	158,887,929	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds		4,515,371	2,155,920	3,119,177	880,418	10,670,885	5.4	7,272,603	4.6	10,670,885	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals	149,789,763	4,718,822	7,846,637	3,496,945	3,706,648	169,558,814	86.2	124,351,454	78.0	169,558,814	
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	150,138,011	2,336,772	5,902,684	1,074,985	4,534,222	163,986,675	83.3	X X X	X X X	163,986,675	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds	21,429,234	4,515,371	2,714,420	3,124,766	1,031,451	32,815,242	16.7	X X X	X X X	32,815,242	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 Totals	171,567,245	6,852,143	8,617,104	4,199,751	5,565,673	196,801,917	100.0	X X X	X X X	196,801,917	
10.8 Line 10.7 as a % of Column 6	87.2	3.5	4.4	2.1	2.8	100.0	X X X	X X X	X X X	100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	105,276,082	5,038,664	8,366,331	2,858,278	5,429,116	X X X	X X X	126,968,471	79.6	126,968,472	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds	2,615,642	1,544,495	1,713,795	5,722,906	20,935,348	X X X	X X X	32,532,186	20.4	32,532,186	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 Totals	107,891,724	6,583,159	10,080,126	8,581,184	26,364,464	X X X	X X X	159,500,657	100.0	159,500,658	
11.8 Line 11.7 as a % of Column 8	67.6	4.1	6.3	5.4	16.5	X X X	X X X	100.0	X X X	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	150,138,011	2,336,772	5,902,684	1,074,985	4,534,222	163,986,674	83.3	126,968,471	79.6	163,986,675	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds	21,429,234	4,515,371	2,714,420	3,124,766	1,031,451	32,815,242	16.7	32,532,185	20.4	32,815,242	X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 Totals	171,567,245	6,852,143	8,617,104	4,199,751	5,565,673	196,801,916	100.0	159,500,656	100.0	196,801,917	X X X
12.8 Line 12.7 as a % of Column 6	87.2	3.5	4.4	2.1	2.8	100.0	X X X	X X X	X X X	100.0	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	87.2	3.5	4.4	2.1	2.8	100.0	X X X	X X X	X X X	100.0	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Column 6										X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10										X X X	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Asset (a)	Investments in Parent Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	105,276,082	105,276,082			
2. Cost of short-term investments acquired .....	10,627,398,115	10,627,398,115			
3. Increase (decrease) by adjustment .....					
4. Increase (decrease) by foreign exchange adjustment .....					
5. Total profit (loss) on disposal of short-term investments .....					
6. Consideration received on disposal of short-term investments .....	10,581,537,384	10,581,537,384			
7. Book/adjusted carrying value, current year .....	151,136,813	151,136,813			
8. Total valuation allowance .....					
9. Subtotal (Line 7 plus Line 8) .....	151,136,813	151,136,813			
10. Total nonadmitted amounts .....					
11. Statement value (Line 9 minus Line 10) .....	151,136,813	151,136,813			
12. Income collected during year .....	1,617,727	1,617,727			
13. Income earned during year .....	1,701,303	1,701,303			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

**Page 44**

Schedule DB, Part A, Verification Between Years  
**NONE**

Schedule DB, Part B, Verification Between Years  
**NONE**

**Page 45**

Schedule DB, Part C, Verification Between Years  
**NONE**

Schedule DB, Part D, Verification Between Years  
**NONE**

Schedule DB, Part E, Verification of Statement and Fair Values  
**NONE**

**Page 46**

Sch. DB, Pt. F, Sn. 1, Summary Replicated (Syn.) Assets Open  
**NONE**

**Page 47**

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets  
**NONE**

**Page 48**

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health  
**NONE**

**Page 49**

Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses  
**NONE**

**Page 50**

Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health  
**NONE**

**Page 51**

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies  
**NONE**

**Page 52**

Sch. S, Pt. 5, Five-Year Exhibit of Reinsurance Ceded Business  
**NONE**

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 9) .....	300,341,314		300,341,314
2. Amounts recoverable from reinsurers (Line 12) .....			
3. Accident and health premiums due and unpaid (Line 10) .....	18,629,408		18,629,408
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	33,082,886		33,082,886
6. Total assets (Line 23) .....	352,053,608		352,053,608
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1) .....	86,058,930		86,058,930
8. Accrued medical incentive pool and bonus payments (Line 2) .....			
9. Premiums received in advance (Line 6) .....	25,394,522		25,394,522
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	60,285,987		60,285,987
12. Total liabilities (Line 18) .....	171,739,439		171,739,439
13. Total capital and surplus (Line 26) .....	180,314,169	X X X	180,314,169
14. Total liabilities, capital and surplus (Line 27) .....	352,053,608		352,053,608
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....			
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....			

SCHEDULE Y (Continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	38-2513504	Preferred Health Plan .....					4,709,742				4,709,742	
60134 .....	38-3291563	Alliance Health and Life Insurance Co .....		1,000,000			3,167,109				4,167,109	
.....	38-1357020	Henry Ford Health System .....	31,000,000								31,000,000	
95844 .....	38-2242827	Health Alliance Plan of Michigan .....	(31,000,000)	(1,000,000)			(7,876,851)				(39,876,851)	
9999999 - CONTROL TOTALS .....												

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

.....

.....

.....

.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
EXPLANATION:	
<div></div>	
BARCODE:	
Document Identifier 360:	
2. Will the Supplemental compensation Exhibit be filed with the state of domicile by March 1?	Yes
EXPLANATION:	
<div></div>	
BARCODE:	
Document Identifier 460:	
3. Will an actuarial certification be filed by March 1?	Yes
EXPLANATION:	
<div></div>	
BARCODE:	
Document Identifier 440:	
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
EXPLANATION:	
<div></div>	
BARCODE:	
Document Identifier 390:	
5. Will the Risk-based Capital be filed with the state of domicile, if required, by March 1?	Yes
EXPLANATION:	
<div></div>	
BARCODE:	
Document Identifier 390:	
6. Will the SVO Compliance Certification be filed by March 1?	No
EXPLANATION:	
<div></div>	
BARCODE:	
Document Identifier 470:	<div>95844200247000000000</div>

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

APRIL FILING	RESPONSE
7. Will Management's Discussion and Analysis be filed by April 1?	Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 350:

8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
---	----

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 330:

95844200233000000000



9. Will the Investment Risks Interrogatories be filed by April 1?	Yes
---	-----

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 285:

JUNE FILING	
10. Will an audited financial report be filed by June 1 with the state of domicile?	Yes

EXPLANATION:

.....

.....

BARCODE:

Document Identifier 220:

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 4, Statement of Revenue and Expenses

	Current Year		Prior Year
	1	2	3
	Uncovered	Total	Total

AGGREGATED AT Line 13, Other Medical and Hospital Expenses			
Mental Health and Substance Abuse.....		43,071,678	52,730,924
Other.....		31,823,207	13,552,888
1398. Line 13, Other Medical and Hospital Expenses.....		74,894,885	66,283,812



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 7, Analysis of Operations by Lines Of Business

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical)	Medical Only	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-term Care	Other
AGGREGATED AT Line 12, Other Medical and Hospital Mental Health and Substance .....	43,071,678	34,065,616		1,495,487			2,045,360	5,467,069	(1,854)				
Other .....	31,823,206	25,169,141		1,104,930			1,511,200	4,039,305	(1,370)				
1298. Line 12, Other Medical and Hospital .....	74,894,884	59,234,757		2,600,417			3,556,560	9,506,374	(3,224)				



SUPPLEMENT FOR THE YEAR 2002 OF THE Health Alliance Plan of Michigan

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF MICHIGAN

NAIC Group Code1311

NAIC Company Code95844

ADDRESS (City, State and Zip Code)Detroit, Michigan 48202

PERSON COMPLETING THIS EXHIBITAnthony Caporale

TITLEManager, General Accounting

TELEPHONE NUMBER(248) 443-8277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Experience on Individual Policies																	
Yes	All Forms	J	N	6	12/15/2001					22,100,633	20,123,272	91.053	11,381	8,644,927	7,717,006	89.266	2,662
0199999 - TOTAL Experience on Individual Policies										22,100,633	20,123,272	91.053	11,381	8,644,927	7,717,006	89.266	2,662
Experience on Group Policies																	
Yes	All Forms	J	N	6	12/15/2001					217,605,027	196,099,287	90.117	129,656	163,347,436	145,343,681	88.978	53,963
0299999 - TOTAL Experience on Group Policies										217,605,027	196,099,287	90.117	129,656	163,347,436	145,343,681	88.978	53,963

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U. S. C. 1395ss(c) (3) (E) for this state.

2.1 Address: 2850 West Grand Boulevard , Detroit , MI 48202

2.2 Contact Person and Phone Number: Kiefiuk Donald. (248) 443-2038
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address: 2850 West Grand Boulevard , Detroit , MI 48202

3.2 Contact Person and Phone Number: Givens-Woods Jane (248) 443-1154
4. Explain any policies identified above as policy type "O"